Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT)	Complete if Known		
			SCLOSURE	Application Number	10/775,666	
			APPLICANT	Filing Date	February 9, 2004	
				First Named Inventor	SHEHADA, Ramez Emile Necola	
(use as many sheets as necessary)				Art Unit	3761	
				Examiner Name	HILL, Laura C.	
Sheet	1	of	1	Attorney Docket Number	64693-092	

U.S. PATENT DOCUMENTS					
Examiner	Cite No. 1	Document Number	Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	
Initials*		Number -Kind Code ² (if known)			
	1	US-6,210,346	04-03-2001	HALL et al.	
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Examiner Initials*	Cite No. 1	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	T ₆	
	2	EP-1 138 343 A	10-04-2001	INTEGRA LIFE SCIENCES		
	3	WO 02/096286 A	12-05-2002	DIAMETRICS MEDICAL LTD.		

		'		
	Examiner		Date	
П	Signature		Considered	'

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language translation is attached.